



PURCHASE ORDER

DELIVERY/DUE DATE *pickup*

Supplier: **PRIST MEDIEN TRADING CORP**
 Address: 5586 Howard Avenue, Marikina City, Metro Manila
 Tel No: 0917 308 932

PO No: 2019 11 250
 PO No: 2019 115
 Date: 6/7/2019

Attention:

I hereby acknowledge the receipt of the goods and services in accordance with the terms and conditions contained herein.

Place of Delivery: **TARLAC STATE UNIVERSITY**
 Date of Delivery: _____
 Delivery Term: **COD**
 Payment Term: **pickup**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
11	roll	LAMINATING FILM			1,240.00

COMMISSIONER OF CUSTOMS
RECEIVED
 By: *[Signature]*
 Date: **17 JUN 2019**

Author: *Sherry*
Catherine Yusingin 6-7-19
PRIST MEDIEN TRADING CORP

ok noted 6/20/19



PURCHASE ORDER

DELIVERY DUE DATE: *pick up*

Procurement Unit
Telefax No.: 045-982-4630

Supplier : PRINTMEDIEN TRADING CORP.	PR No.: <u>2018-11-350</u>
Address : <u>118 B Howard Tower, Susano St., 6th Avenue, Brgy. 113 Zone 10</u>	PO No.: <u>2019-315</u>
<u>District 2 Grace Park, Caloocan City</u>	Date: <u>5/7/2019</u>
TIN No. : <u>006-582-339-000 VAT Reg.</u>	Mode of Procurement: <u>Small Value</u>
Tel. No. : <u>0917-508-0161</u>	

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: TARLAC STATE UNIVERSITY	Delivery Term: COD 30 calendar days
Date of Delivery:	Payment Term: N/15 pick up

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
11	box	LAMINATING FILM, Glossy Cold, 4.1 ft. x 164 ft. ***** <i>Purpose: For Planning use (GAA)</i>	2	1,970.00	<u>3,940.00</u>

(Total Amount in Words) Three Thousand Nine Hundred Forty Pesos Only

In case of failure to make full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Very truly yours,

DR. GLENARD T. MADRIAGA
VP, Admin. & Finance
Authorized Official *[Signature]*

Conforme:



11 JUN 2019

PRINTMEDIEN TRADING CORP.

(Signature over printed name & date)

Bank Account Name: _____
 Bank Account Number: _____
 Bank Name: _____
 Bank Address: _____

Funds Available: *[Signature]*
JESUS S. DANGANAN
 Budget Officer IV

ALOBS No. :
Amount :